

**FAX TRANSMISSION****DATE:** August 29, 2003**PTO IDENTIFIER:** Application Number 09/170,042-Conf. #6370  
Patent Number**Inventor:** Hastings et al.**MESSAGE TO:** Examiner R.C. Hayes**FAX NUMBER:** (703) 872-9307**FROM:** HUMAN GENOME SCIENCES, INC.

Doyle A. Siever

**PHONE:** (240) 314-4400 Ext. 3595**Attorney Dkt. #:** PF226D1**RECEIVED**  
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**AUG 29 2003****PAGES (Including Cover Sheet):** 12**CONTENTS:**

1. Fax Cover Sheet (1 page);
2. Certificate of Transmission under 37 CFR 1.8 (1 page);
3. Fee Transmittal with appropriate fee(s) (1 page)
4. Petition for Extension of Time (2 months, to and including September 2, 2003) (1 page), and
5. Second Amendment and Reply Under 37 C.F.R. 1.116 (8 pages)

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**HUMAN GENOME SCIENCES, INC.**  
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PTO/SB/17 (05-03)  
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<b>FEE TRANSMITTAL for FY 2003</b>		<b>Complete if Known</b>	
<small>Effective 01/01/2003, Patent fees are subject to annual revision</small>		Application Number	09/170,042-Conf. #6370
		Filing Date	October 13, 1998
		First Named Inventor	Gregg A. Hastings
		Examiner Name	R.C. Hayes
		Art Unit	1647
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		Attorney Docket No	PF226D1
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 410.00			

  

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc. The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-designated deposit account		<b>3. ADDITIONAL FEES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td>410.00</td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Doyle A. Siever	Registration No. (Attorney/Agent)	47,088
Signature	<i>Doyle A. Siever</i>	Telephone	(240) 314-4400
		Date	August 29, 2003

PTO/SB/97 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

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Brenda Allen  
Signature

Brenda Allen  
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